

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011020

STATE FILE NUMBER

Registration District No. **93**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **63-17**

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

**6290**

**2/120**

**3**

**4 0**

**5 1**

**6**

**7 0**

**8 2**

**94200**

**10**

**11**

**12 1-0**

**13 1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAR 28 1963**

1. PLACE OF DEATH a. COUNTY <b>DADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOCKWOOD</b>		Length of stay in 1b <b>10 DAYS</b>	c. CITY OR TOWN <b>LOCKWOOD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LOCKWOOD MEMORIAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>LOCKWOOD MEMORIAL</b>
3. NAME OF DECEASED (Type or print) First <b>LEE</b> Middle <b>WHEELER</b> Last <b>WHEELER</b>		4. DATE OF DEATH Month <b>MAR</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-22-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>84</b>
11a. FATHER'S NAME <b>NEWT WHEELER</b>		11b. MOTHER'S MAIDEN NAME <b>REGINA RADER</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		14. SOCIAL SECURITY NO. <b>[REDACTED]</b>	15. INFORMANT <b>MAY, WHEELER, LOCKWOOD</b>
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>3/5/63</b> to <b>3/14/63</b> and last saw him alive on <b>3/14/63</b>		Death occurred at <b>1125 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Lee A. McNeel, Jr.</b> (Degree or title)		22b. ADDRESS <b>Greenfield, MO</b>	22c. DATE SIGNED <b>3/14/63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>3-14-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT VIEW</b>	
24. FUNERAL DIRECTOR <b>BARBER-EDWARDS MARSHFIELD</b>	25. DATE RECD. BY LOCAL REG. <b>3/16/63</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON  
**Lee A. McNeel, Jr., M.D.**

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3848

P. O. Address W. H. Brown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.